## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 10 1790, 276

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA		NTITY	OR	OTHER	
Ţ	DTAL CLAIMS	**	1/				- R	ATE	FEE	7	RATE	FEE"
FOR			NUMBER	FILED	NUMBER EXTRA		BAS	IC FEE	385.00	OB	BASIC FEE	
TC	TAL CHARGE	ABLE CLAIMS	// mir	nus 20=	*		X	 5 9=		OR	X\$18=	
INC	EPENDENT C	LAIMS	/ minus 3 = *				-			JOH		
ML	ILTIPLE DEPE	NDENT CLAIM P	L/				<u>`</u>	43= 		OR	X86=	
		<del></del>					±1	45=		OR	+290=	·
* If the difference in column 1 is less than zeru, enter "0" in column 2						column 2	TC	TAL	1	OR	TOTAL	770-00
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Co						(Column 3)	SM	IALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	XS	9=		OR	XS18=	
ME	Independent	*	Minus	***		=	X.	13=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=	
								45= OTAL		OR	TOTAL	
			r. FEE		OR	ADDIT. FEE						
_		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								- 0		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	SER USLY	PRESENT EXTRA	RA	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	XS	9=		OR	X\$18=	
ME	Independent		Minus	***		=	1,-	3=		OR	. X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
								:5=		OR	+290=	
								TAL		OR	TOTAL ADDIT. FEE	
		·Column 1)		(Colum		-Column 3						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ER USLY	PRESENT	در=	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=	XS	9=		OR	X\$18=	
ME	Independent	*	Minus	*** .		=	Χī			ı	X86=	
⋖∫	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u></u>		OR	V00=	
				******			-14	5= <u> </u>		OR	÷290=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FE										OR A	TOTAL ODIT FEE	
		nber Previously Paid ber Previously Paid							ropriate box			